

VILLAGE OF ISLANDIA FIRE MARSHAL'S OFFICE

1100 Old Nichols Road, Islandia, NY 11749-Office: 631-348-1133

PUBLIC ASSEMBLY PERMIT APPLICATION

PERMITS REQUESTED:		Business Owner Information: Type of Organization:			
15-100 people \$150.00 1 yr permit		☐ Corporation	Check if Partne	rship	Sole Proprietor
101-300 people \$200.00 1 yr permit		Business Owner Name:			
301-600 people \$300.00			vanie.		
601+ over \$600.00 1 yr permit		Title:			
Restaurant or Food Service		Addross			
Catering Facility		Address:			
☐ Gym		Telephone #			
Sports Facility				_	
Other:		REQUIREMENTS:	(Please provide the	following	g)
		Copy of Certificate of Occupancy or Building Permit Floor Plan (to scale or include dimensions)			
		2) Floor Plan (to s	cale or include dimer	isions)	
Property Owner Name:					
Property Owner Address:			Phone #:		
Permitted Property Location	nn:				
- commencer reperty accurate					
Business Name:					
Business Address:				Phone #:	
		AFFIRMATIO	NS		
Property Owner Print Name			Print Applicant Na	me	
Property Owner Signature			Applicant Signature		
Notary Stamp and Signature Not			Notary Stamp	and Signat	ture
*			•		
For Internal Use Only	TM#504		Approved	l: Date:	
	Reciept#		Approved	l by:	

I swear that this application is true and complete statement of the approved use of proposed use or process on the described locations or described persons or business. I understand that any false statements made herein are punishable as a class A misdemeanor pursuant to section 210.45 of the NYS penal law.

Important - Please be advised that by submitting the within application to the Village of Islandia for the requested purpose, you, as the applicant, acknowledge and agree that a modification or addition may be made to your Certificate of Occupancy/Compliance. No further notice of resultant modification or addition shall be required.